

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: VI**  
**APPLICATION YEAR: 2009**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2009**

*[Secs. 504 (d) and 505(a)(3)(4)]*

**STATE: VI**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 460,048 ( 30%)

B.Children with special health care needs:

\$ 613,397 ( 40%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 153,349 ( 10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 1,533,492

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 1,372,138

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 150,000

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 1,169,459

\$ 1,522,138

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 3,055,630

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 0

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 3,055,630

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: VI**

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 1,621,413	\$ 1,621,413	\$ 1,641,229	\$ 1,641,229	\$ 1,599,698	\$ 1,533,219
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,216,060	\$ 1,216,060	\$ 1,245,435	\$ 1,245,435	\$ 1,147,660	\$ 1,043,269
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 120,288	\$ 120,288	\$ 118,361	\$ 118,361	\$ 108,000	\$ 108,000
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 2,957,761	\$ 2,957,761	\$ 3,005,025	\$ 3,005,025	\$ 2,855,358	\$ 2,684,488
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 697,587	\$ 697,587	\$ 311,748	\$ 0	\$ 200,000	\$ 200,000
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 3,655,348	\$ 3,655,348	\$ 3,316,773	\$ 3,005,025	\$ 3,055,358	\$ 2,884,488
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: VI**

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 1,599,698	\$ 1,533,492	\$ 1,599,698	\$ 0	\$ 1,533,492	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 1,199,774	\$ 1,229,699	\$ 1,292,937	\$ 0	\$ 1,372,138	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 125,000	\$ 119,700	\$ 140,000	\$ 0	\$ 150,000	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 0	\$ 3,055,630	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 0	\$ 3,055,630	\$ 0
(STATE MCH BUDGET TOTAL)						

<b>FORM NOTES FOR FORM 3</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: VI**

	FY 2004		FY 2005		FY 2006	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 443,664	\$ 443,664	\$ 450,753	\$ 450,753	\$ 479,909	\$ 479,909
b. Infants < 1 year old	\$ 443,664	\$ 443,664	\$ 450,754	\$ 450,754	\$ 479,909	\$ 479,909
c. Children 1 to 22 years old	\$ 887,328	\$ 887,328	\$ 901,508	\$ 901,508	\$ 805,002	\$ 728,110
d. Children with Special Healthcare Needs	\$ 887,329	\$ 887,329	\$ 901,508	\$ 901,508	\$ 805,002	\$ 728,111
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 295,776	\$ 295,776	\$ 300,502	\$ 300,502	\$ 285,536	\$ 268,449
g. SUBTOTAL	\$ 2,957,761	\$ 2,957,761	\$ 3,005,025	\$ 3,005,025	\$ 2,855,358	\$ 2,684,488

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 136,509		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 100,000		\$ 100,000		\$ 100,000	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 249,330		\$ 0		\$ 0	
i. CDC	\$ 111,748		\$ 111,748		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 697,587		\$ 311,748		\$ 200,000	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

*[Secs 506(2)(2)(iv)]*

**STATE: VI**

	FY 2007		FY 2008		FY 2009	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 479,909	\$ 460,048	\$ 479,909	\$ 0	\$ 460,048	\$ 0
b. Infants < 1 year old	\$ 479,909	\$ 460,048	\$ 479,909	\$ 0	\$ 460,048	\$ 0
c. Children 1 to 22 years old	\$ 836,103	\$ 820,288	\$ 884,776	\$ 0	\$ 914,985	\$ 0
d. Children with Special Healthcare Needs	\$ 836,104	\$ 854,218	\$ 884,777	\$ 0	\$ 914,986	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 292,447	\$ 288,289	\$ 303,264	\$ 0	\$ 305,563	\$ 0
g. SUBTOTAL	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 0	\$ 3,055,630	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 0	\$ 0	\$ 0
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
<b>III. SUBTOTAL</b>	\$ 0	\$ 0	\$ 0



<b>FORM NOTES FOR FORM 4</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: VI**

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,817,761	\$ 2,817,761	\$ 2,765,025	\$ 2,765,025	\$ 2,630,358	\$ 2,486,988
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 15,000	\$ 15,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 75,000	\$ 75,000	\$ 125,000	\$ 125,000	\$ 100,000	\$ 100,000
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 50,000	\$ 50,000	\$ 90,000	\$ 90,000	\$ 100,000	\$ 72,500
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,957,761	\$ 2,957,761	\$ 3,005,025	\$ 3,005,025	\$ 2,855,358	\$ 2,684,488

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: VI**

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 2,689,472	\$ 2,647,891	\$ 2,807,635	\$ 0	\$ 2,805,630	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 25,000	\$ 25,000	\$ 45,000	\$ 0	\$ 50,000	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 139,500	\$ 139,500	\$ 100,000	\$ 0	\$ 100,000	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 70,500	\$ 70,500	\$ 80,000	\$ 0	\$ 100,000	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 0	\$ 3,055,630	\$ 0

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES****1. Section Number:** Main

**Field Name:** InfrastrBuildExpended

**Row Name:** Infrastructure Building Services

**Column Name:** Expended

**Year:** 2006

**Field Note:**

Received FSR from the Local Federal Grants office in September 2006 indicating that all funds were not drawn. However, FSR was received in this office after the deadline date set by the Federal Grantor Agency for an extension so that the program could access and expend the unobligated balance relative to this category.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: VI**

**Total Births by Occurrence:** 1,772

**Reporting Year: 2007**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	1,429	80.6	1	0	0	
Congenital Hypothyroidism	1,429	80.6	6	2	2	100
Galactosemia	1,429	80.6	6	0	0	
Sickle Cell Disease	1,429	80.6	3	3	3	100

**Other Screening (Specify)**

Homocystinuria	1,429	80.6	0	0	0	
Maple Syrup Urine Disease (MSUD)	1,429	80.6	0	0	0	
G6PD	1,429	80.6	141	125	30	24

**Screening Programs for Older Children & Women (Specify Tests by name)**

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2009  
**Field Note:**  
Initial positive screens were confirmed by DNA.
2. **Section Number:** Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2009  
**Field Note:**  
Pediatric Screening Laboratory (Now PerkinElmer) started expanded screening in October 2007. 46 disorders are screened initially with confirmation by DNA when indicated.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: VI**

Reporting Year: 2007

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	732	33.5	0.0	9.5	57.0	0.0
Infants < 1 year old	1,772	32.5	0.0	14.6	52.9	0.0
Children 1 to 22 years old	3,412	35.5	0.0	8.4	52.0	4.1
Children with Special Healthcare Needs	1,248	31.0	0.0	4.5	59.0	5.5
Others	852					
TOTAL	8,016					

**FORM NOTES FOR FORM 7**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** AllOthers\_TS  
**Row Name:** Others  
**Column Name:** Title V Total Served  
**Year:** 2009  
**Field Note:**

Individuals in this category are counted in the general pediatric population including Head Start screening, medical exams for drivers' licences and college entrance exams. Also included are clients receiving services through the MCH GYN clinic on St. Croix. The Health Pro database is not designed to track these categories.



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: VI**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,772	101	1,338	0	8	0	0	325
Title V Served	732	18	545	0	8	0	0	161
Eligible for Title XIX	320	0	320	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	1,772	101	1,338	0	8	0	0	325
Title V Served	1,772	101	1,338	0	8	0	0	325
Eligible for Title XIX	790	0	790	0	0	0	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,509	263	263	0	0	0	0	263
Title V Served	586	146	146	0	0	0	0	146
Eligible for Title XIX	586	146	146	0	0	0	0	146
<b>INFANTS</b>								
Total Infants in State	1,509	263	263	0	0	0	0	263
Title V Served	1,509	263	263	0	0	0	0	263
Eligible for Title XIX	586	146	146	0	0	0	0	146

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleV\_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2009

Field Note:

Total number of patients served by MCH and DOH Community Health prenatal clinics.

2. Section Number: I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX\_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2009

Field Note:

Accurate or valid data for Title XIX eligibility not available. Estimates obtained from individuals reporting source of insurance coverage or self-pay.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: VI**

	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>	<b>FY 2005</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(866) 248-4004	(866)248-4004	(866) 248-4004	(340)773-4951	(340)773-4951
2. State MCH Toll-Free "Hotline" Name	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk
3. Name of Contact Person for State MCH "Hotline"	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Juliette Canegata	Juliette Canegata
4. Contact Person's Telephone Number	(340) 776-3580	(340) 776-3580	(340)776-3580	(340) 773-4951	(340) 773-4951
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	100	150	150

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: VI**

	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>	<b>FY 2005</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2009**  
*[SEC. 506(A)(1)]*  
**STATE: VI**

1. State MCH Administration:  
(max 2500 characters)

The Department of Health (DOH) functions as both the state regulatory agency and the territorial public health agency for the U.S. Virgin Islands. As set forth by the Virgin Islands Code, Titles 3 and 19, the Department of Health (DOH) has direct responsibility for conducting programs of preventive medicine, including special programs in Maternal and Child Health, Family Planning, Environmental Sanitation, Mental Health, and Drug and Substance Abuse Prevention. The Virgin Island Department of Health is designated as the agency in the Virgin Islands for administering the Maternal and Child Health and Children With Special Health Care Needs Program (MCH & CSHCN) pursuant to Title 19, Chapter 7, Section 151 of the Virgin Islands Code. The MCH & CSHCN Program is a unit within the Department of Health, one of 14 government departments. The Department of Health is headed by the Commissioner of Health. The Title V MCH & CSHCN Program is administered as one integrated program within the Department of Health. The MCH & CSHCN Program is operated as a single organizational unit and serves as both local and state agency. The MCH & CSHCN Program reports directly to the Deputy Commissioner for Public Health Services. This single State agency is authorized to administer Title V funds and is responsible for both Maternal and Child Health and Special Needs Children Services. The Administrative Unit is composed of the Director of MCH & CSHCN, Program Administrator St. Croix who has responsibility for clinic services management, Territorial Financial Manager St. Thomas who has responsibility for all fiscal, budgetary and financial management and Office Manager, St. Thomas.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,533,492
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,372,138
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 150,000
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 3,055,630</b>

9. Most significant providers receiving MCH funds:

Clinical specialty/sub-specialty consultants  
PerkinElmer Genetic Screening laboratory  
Physiological testing/diagnostics-ECHO, EKG/EEG  
Diagnostic laboratory, radiology and imaging.

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	732
b. Infants < 1 year old	1,772
c. Children 1 to 22 years old	3,412
d. CSHCN	1,248
e. Others	852

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Direct health care services are defined as basic health services. The program provides health care services for mothers, infants, children, youth and adolescents and their families. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal and high-risk prenatal care clinics, postpartum care, well child care, high risk infant and pediatric clinics, care coordination and access to pediatric sub-specialty care for children and adolescents with special health care needs. The program assures access to preventive and primary health services for infants, young children and adolescents, including allied health and other health related services. For children, ages 0-21, with disabilities and chronic conditions, the program provides preventative and primary care, therapeutic and rehabilitative services. Specialty clinics provide pediatric specialty services that are generally unavailable or inaccessible to low-income, uninsured or underinsured families. Specialty services are offered to all children in the territory regardless of ability or inability to pay. Translation services at clinics are available through bilingual staff for Hispanic-Spanish speaking clients and French-dialects from the eastern Caribbean islands. Recruitment efforts are underway to employ 2 bilingual interpreters (French Creole and Spanish) per island on a part-time basis. Nutrition services are offered by Women, Infant and Children's Program (WIC), and the Community Health Nutrition Program.

b. Population-Based Services:  
(max 2500 characters)

Population-based services are defined as services that are intended for and available to the entire population, rather than for a select group of individuals. Disease prevention, health promotion and outreach are some of the categories under this heading. The MCH & CSHCN Program offers three population-based preventive services: immunization services; the newborn genetic / metabolic screening program; and the newborn hearing screening program. The program a comprehensive universal hearing screening program to ensure that all newborns are screened for hearing loss prior to hospital discharge. The MCH Program collaborates with the VI Immunization Program, which provides vaccines (Vaccine for Children-VFC), assessment of immunization levels, monitoring of vaccine usage and evaluation of vaccine reaction. The newborn screening program expanded to from 7 disorders to 49 including cystic fibrosis.

c. Infrastructure Building Services:  
(max 2500 characters)

Program activities were directed at assuring the availability of the infrastructure necessary to delivery of services to the MCH population and to increase access to quality health care for families who lack sufficient financial resources to meet the costs of medical care. Access to staff development activities, training and technical assistance to assure continuous quality of care was provided. Planning activities directed at addressing infrastructure and development of a comprehensive continuous quality improvement plan to assist in building organizational and system capacity were initiated in FY'07. These activities will continue throughout FY'08 and '09 with development and implementation of a strategic plan to improve coordination and integration of MCH services, assist MCH leadership and management in the development and implementation of a comprehensive CQI plan to ensure ongoing assessment, program planning, evaluation processes and practice, and improve ability to develop and conduct 5-year needs assessment. Technical Assistance from MCHB has been awarded for the initial phase of these activities. In the area of workforce development, a two year program - Leadership Education

and Developmental Disabilities (LEADD), was started in September 2007. The program is presented by the Westchester Institute for Human Development and the School of Public Health, New York Medical College in partnership with the VI University Center for Excellence in Developmental Disabilities (VICEDD) at the University of the Virgin Islands (UVI);and funded by a grant from MCHB. LEADD broadens the opportunities for continuing education and leadership development available to MCH, health and other professionals in the VI, especially as related to children with developmental disabilities and their families. The program uses blended learning distance education methods which combines live classes, virtual classroom instruction, online discussion and self-study. Individuals registered in this four-semester, two-year program receive academic credits offered by the School of Public Health, New York Medical College. Courses are taught by faculty from the Westchester Institute of Child Development and include major topics of current interest including introduction to the public health perspective, understanding and addressing health disparities, cultural competence, family-centered care, distinctive concerns of the Caribbean and Virgin Islands, leadership and genetics.

12. The primary Title V Program contact person:

Name	Vivian I. Ebbesen-Fludd, RN, BSN,MS
Title	Commissioner of Health
Address	9048 Sugar Estate
City	St. Thomas
State	VI
Zip	00802
Phone	(340) 774-0117
Fax	(340) 777-4001
Email	CommissionerFludd@usvi-doh.org
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	C. Patricia Penn
Title	Director, MCH & CSHCN Program
Address	#2C Contant, AQ Bldg., 2nd Floor
City	St. Thomas
State	VI
Zip	00802
Phone	(340) 776-3580 ext 2706
Fax	(340) 774-8633
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Web	

**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: VI**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
<b>Annual Performance Objective</b>	98	99	99	100	100
<b>Annual Indicator</b>	98.7	96.9	100.0	100.0	86.7
<b>Numerator</b>	1,589	1,619	27	25	130
<b>Denominator</b>	1,610	1,670	27	25	150

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
<b>Annual Performance Objective</b>	95	95	95	95	95
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator reflects number of children initially screened positive for sickle cell disease, hypothyroidism and G6PD. While there were initial positives in other categories, e.g. biotinidase, galactosemia, cystic fibrosis and PKU, follow-up testing was normal and further medical management was not needed or recommended.

Numerator reflects number of children re-screened with confirmatory diagnosis made.



**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective		30	30	50	30
Annual Indicator	28.1	24.9	49.0	22.5	20.0
Numerator	300	320	563	235	250
Denominator	1,067	1,284	1,149	1,044	1,248

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	30	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The numerator reported in 2007 is obtained from clinic data from St. Thomas only.

2. **Section Number:** Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The numerator reported in 2006 is obtained from clinic data for St. Thomas only.

3. **Section Number:** Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

Denominator reflects estimated unduplicated count of children with special health needs accessing services in the St. Thomas-St. John District only.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective		20	20	55	50
Annual Indicator	28.1	24.9	50.6	43.5	38.1
Numerator	300	320	581	454	475
Denominator	1,067	1,284	1,149	1,044	1,248

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	50	55	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The numerator reported in 2007 is obtained from clinic data from St. Thomas only.

**2. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The numerator reported in 2006 is obtained from clinic data from St. Thomas only.

**3. Section Number:** Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				30	35
Annual Indicator	28.1	24.9	27.0	43.5	25.0
Numerator	300	320	310	454	312
Denominator	1,067	1,284	1,149	1,044	1,248

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	35	35	35	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator obtained from MCH clinics in both districts reflects families reporting a source of insurance other than Medicaid.

2. **Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

3. **Section Number:** Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	30	30	30	50	30
Annual Indicator	28.1	24.9	50.0	19.4	14.8
Numerator	300	320	574	203	185
Denominator	1,067	1,284	1,149	1,044	1,248

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	30	35	35	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator reflects # of referrals to community based services in both districts include after-school programs, family support and advocacy programs.

2. **Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Referrals to community based services in both districts include after-school programs, family support and advocacy programs.

3. **Section Number:** Performance Measure #5

**Field Name:** PM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

Data estimated based on 2005 Needs Assessment.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				30	30
Annual Indicator	28.1	24.9	20.5	2.6	1.2
Numerator	300	320	235	27	15
Denominator	1,067	1,284	1,149	1,044	1,248

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	35	35	40	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator reflects the # of youth who transitioned to adult health care services in St. Thomas-St. John District.

2. **Section Number:** Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	92	90	90	90	70
Annual Indicator	82.0	0.0	45.7	63.0	80.0
Numerator	7,330	0	467	382	943
Denominator	8,940	5,088	1,023	606	1,179

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	70	70	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data reported for this measure was provided by the MCH clinic in the St. Croix district only which is collected manually. This does not reflect territorial data. Denominator is the total # of children in this age category who received any immunizations. Numerator is the number who meet the requirements of this measure.

The VI Immunization Program does not have a database system in place to provide territorial information for this measure

**2. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The VI Immunization Program remains unable to provide data for this measure. The denominator reflects children in this age category who access services at the MCH & CSHCN Program on both islands and received all immunizations during these visits.

**3. Section Number:** Performance Measure #7

**Field Name:** PM07

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Information for this measure is not available from the Immunization Program. Estimates are based on immunizations provided in MCH clinics in both districts for this age group.

According to data provided by the Immunization program, rates for children 19-35 months (children not of Head Start age), assessed from medical records in four of seven Public Health Clinics utilizing the Advisory Committee on Immunization Practices (ACIP) guidelines, showed 38% of this population as having completed immunizations.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	30	20	20	15	15
Annual Indicator	24.4	23.4	22.0	16.4	16.4
Numerator	74	71	67	60	60
Denominator	3,039	3,039	3,039	3,667	3,667

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	30	30	30	35	35
Annual Indicator	0.0	0.0	0.0	1.4	1.1
Numerator	0	0	0	126	87
Denominator	8,148	9,144	9,016	9,016	7,866

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator reflects number of children in this age category who received sealants through the DOH Division of Dental Health.

**2. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator obtained from 2004 VI Community Survey, Eastern Caribbean Center (ECC), University of the Virgin Islands (UVI). Sealants were not provided during reporting year. All other preventive services and restorations were provided.



**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	3.3	3	3	3	2
Annual Indicator	3.6	0.0	0.0	0.0	11.6
Numerator	1	0	0	0	3
Denominator	27,564	27,564	25,996	25,996	25,805

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data provided by the Office for Highway Safety, VI Department of Public Safety. Numerator reflects territorial data.

2. **Section Number:** Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

There are no reported or recorded deaths in this age group caused by motor vehicle crashes according to data received from the Bureau of Health Statistics. Denominator obtained from 2004 VI Community Survey.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator			49.5	45.5	43.7
Numerator			830	800	775
Denominator			1,676	1,760	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	45	45	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data obtained from DOH Women, Infants & Children Nutrition Program Annual Report 2005 reflects total number of WIC participants breastfeeding at hospital discharge. Data to report on this performance measure is not collected by the WIC Program.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	90	95	95	96	96
Annual Indicator	94.5	86.7	95.3	85.3	79.3
Numerator	1,521	1,449	1,607	1,501	1,405
Denominator	1,610	1,672	1,686	1,760	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	15	15	15	15	15
Annual Indicator	9.0	0.0	19.0	22.4	8.8
Numerator	3,565	0	6,603	7,785	2,283
Denominator	39,502	36,058	34,817	34,817	25,805

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is not available from the Medical Assistance Program. Estimates are based on number of children without insurance who receive services at MCH clinics.

2. **Section Number:** Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator obtained from 2004 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands for children 0-19.

Numerator obtained from the VI Bureau of Health Insurance and Medical Assistance for 2005 reporting year.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				10	10
Annual Indicator			12.6		4.4
Numerator			277		186
Denominator			2,198		4,261

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data not available from the WIC at the time of this report.

2. **Section Number:** Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data not available from WIC Program.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective				1	1
Annual Indicator		1.3	1.5	1.8	0.7
Numerator		22	25	32	12
Denominator		1,672	1,686	1,751	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	8	5	5	2	2
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	8,688	8,821	8,821	8,821	8,751

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	2	2	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator		0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		1,672	1,676	1,513	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Final

Final

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.

**2. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.

**3. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	65	65	65	65	65
Annual Indicator	63.2	63.3	64.2	66.2	41.6
Numerator	1,018	1,059	1,083	1,167	737
Denominator	1,610	1,672	1,686	1,763	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	65	70	70	70	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects data available for the first three quarters of CY 2007.

Denominator reflects number of live births admissions.

**STATE PERFORMANCE MEASURE # 1**

The percent of CSHCN clients who access family support services.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator			50.0	43.5	30.0
Numerator			574	454	375
Denominator			1,149	1,044	1,248
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	55	55	55	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** State Performance Measure #1

**Field Name:** SM1

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator reflects # of families using services such as VI FIND (Family Information Network on Disabilities).

**STATE PERFORMANCE MEASURE # 2**

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective				25	35
Annual Indicator			20.5	2.6	1.2
Numerator			235	27	15
Denominator			1,149	1,044	1,248
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>40</u>	<u>45</u>	<u>50</u>	<u>50</u>	<u>50</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 3**

The percent of CSHCN who receive coordinated, comprehensive care in a medical home.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				55	55
Annual Indicator			50.6	10.8	38.1
Numerator			581	113	475
Denominator			1,149	1,044	1,248
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>55</u>	<u>60</u>	<u>65</u>	<u>65</u>	<u>65</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 4**

The percent of teen mothers who received parenting skills training.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				35	30
Annual Indicator			33.5	22.4	36.2
Numerator			68	41	55
Denominator			203	183	152
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	30	35	35	35	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator obtained from agencies providing parenting skills training such as Family Resource Center, Lutheran Social Services and Childworth. Denominator reflects preliminary data obtained from DOH - Bureau of Health Statistics.

**2. Section Number:** State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

This Denominator reflects estimated number of teen births ages 15-19 years obtained from the Bureau of Health Statistics. Numerator reflects the number of teen receiving parenting skills education in the St. Croix District only.

**3. Section Number:** State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Denominator reflects estimated number of teen births ages 15-19 years obtained from the Bureau of Health Statistics. Numerator reflects the number of teen receiving parenting skills education in the St. Croix District only.

**STATE PERFORMANCE MEASURE # 5**

Percent of infants identified with hearing loss who are receiving appropriate intervention services by age 6 months.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				60	60
Annual Indicator					
Numerator			3	3	2
Denominator			22	70	217
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2008	2009	2010	2011	2012
Annual Performance Objective	70	80	90	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for denominator obtained from infants identified during hospital with possible hearing and referred for audiological diagnostic evaluation. Numerator indicates number identified with hearing loss and referred to Early Intervention Services

- Section Number:** State Performance Measure #5

**Field Name:** SM5**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator reflects number of infants referred for audiological diagnostic evaluation.

Numerator reflects number of infants diagnosed with hearing loss and referred to Early Intervention Services.

**STATE PERFORMANCE MEASURE # 6**

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

Annual Objective and Performance Data					
	2003	2004	2005	2006	2007
Annual Performance Objective				600	600
Annual Indicator			642.3	661.9	415.9
Numerator			1,083	1,167	737
Denominator			1,686	1,763	1,772
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>650</u>	<u>650</u>	<u>700</u>	<u>700</u>	<u>700</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**STATE PERFORMANCE MEASURE # 7**

The rate per 10000 of hospitalizations due to asthma in children 0-14.

<u>Annual Objective and Performance Data</u>					
	2003	2004	2005	2006	2007
Annual Performance Objective				5	5
Annual Indicator			5.7	5.0	2.0
Numerator			158	130	52
Denominator			27,671	25,996	25,805
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2008	2009	2010	2011	2012
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects in-patient admissions to hospitals in both districts. Due to availability of pulse oximetry and stabilizing nebulizer/aerosol treatments in both MCH clinics, the number of children seen in emergency departments has dropped significantly.

**2. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for numerator obtained from Gov. Juan F. Luis Hospital on St. Croix. Represents number of hospital admissions with average stay of 2-5 days.

**3. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator reflects total number of children 0-14 years reported in 2004 USVI Community Survey.

Numerator is number of children 0-5 years admitted with asthma in the St. Thomas-St. John District only.

Efforts are underway to obtain data from both hospitals to address this measure. Final number represents admissions for both hospitals.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: VI**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6.7	6.7	6.5	6	6
Annual Indicator	5.0	4.8	5.3	4.5	5.1
Numerator	8	8	9	8	9
Denominator	1,610	1,672	1,686	1,763	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.8	1.8	In,fin,ity	2.1	9.6
Numerator	5.8	5.7	7.3	5.4	9.6
Denominator	3.2	3.2	0	2.6	1

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

White infant deaths for this period are reported as zero (0).

Denominator = 0; Numerator = 7.8

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	4.2	4.2	4	4	4
Annual Indicator	4.3	3.0	4.7	3.4	2.8
Numerator	7	5	8	6	5
Denominator	1,610	1,672	1,686	1,763	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	1.8	1.6	1.6	1.5	1.5
Annual Indicator	0.6	1.2	0.6	1.1	2.3
Numerator	1	2	1	2	4
Denominator	1,610	1,672	1,686	1,763	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	8.9	8.8	8.8	7.5	7.5
Annual Indicator	8.6	6.5	10.5	10.1	6.8
Numerator	14	11	18	18	12
Denominator	1,625	1,691	1,708	1,787	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	7.5	7.5	7.5	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Perinatal mortality rate calculated by infant deaths less than 7 days after birth or greater than 28 weeks gestation.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2003	2004	2005	2006	2007
Annual Performance Objective	25	25	25	25	25
Annual Indicator	47.2	21.8	21.8	26.9	15.5
Numerator	13	6	6	7	4
Denominator	27,564	27,564	27,564	25,996	25,805

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2008	2009	2010	2011	2012
Annual Performance Objective	25	25	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes**

None

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: VI**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

0

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 8

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

None



**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: VI    FY: 2009**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase certification and enrollment in family support programs and services.
2. To facilitate and encourage family participation in transition planning.
3. To increase linkage of children with special health care needs and community-based support services.
4. To promote community partnerships.
5. To promote and advocate for the medical home concept as a standard of care to private and non-private health care providers.
6. To provide continuous and on-going screening for CSHCN by expanding EPSDT screening standards.
7. Review Medicaid reimbursements for key elements of the medical home including screening and care coordination.
8. Improve access to prenatal care and reproductive health services.
9. Improve access to primary and preventative health care services for all segments of the MCH population.
10. Assure adherence to good nutrition standards and promote healthy lifestyle choices.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: VI

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Consultation for development of adolescent health services	Increase adolescent health services using healthy youth development model.	SAHRC
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      N/A      </u>	Title V - EPSDT coordination	Assure children served by Medicaid and EPSDT receive appropriate services.	Puerto Rico Dept. of Health, Health Insurance Administration/P.R. Title V Program
3.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>      6      </u>	CSHCN Transition to adult services.	Provide staff training to assure youth/family participation in effective and appropriate transition planning.	As recommended by MCHB.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: VI**

SP # 1

**PERFORMANCE MEASURE:**

The percent of CSHCN clients who access family support services.

**STATUS:**

Active

**GOAL**

To increase by 50% the number of families with CSHCN who are referred to family support services.

**DEFINITION**

Family support services identify and assess families' needs and determine appropriate individual family service plans.

**Numerator:**

Number of CSHCN clients ages 0-18 years whose families access family support services.

**Denominator:**

Total number of CSHCN clients served.

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

7.7 Patient and family education .  
Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

**DATA SOURCES AND DATA ISSUES**

VIDOH Health-Pro database system. MCH & CSHCN clinic records. Community Health Centers.

**SIGNIFICANCE**

Family service agencies and interagency coordinating councils have identified major challenges confronting families with CSHCN in accessing coordinated health and related services. Addressing these issues will lead to more efficient use of public funds and reduce family stress.

SP # 2

**PERFORMANCE MEASURE:**

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

**STATUS:**

Active

**GOAL**

Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated.

**DEFINITION**

All youth with special health care needs will receive the services to make necessary transitions to all aspects of adult life, including health care, work and independence. Transition is an ongoing process throughout middle childhood and adolescence. Collaboration and coordination between CSHCN, families, health care, insurance, education, rehabilitation, and other appropriate agencies are needed to support and facilitate transition.

**Numerator:**

The number of CSHCN who participate in transition planning.

**Denominator:**

The total number of CSHCN age 12-18 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.23 Service systems for children with special health care needs.

To assure the participation of CSHCN age 12-18 years and their families in agency based transition planning activities that promote independence and healthy lifestyle choices.

**DATA SOURCES AND DATA ISSUES**

VIDOH Health-Pro data system. MCH & CSHCN clinic records. Community Health Centers. Departments of Labor and Human Services.

**SIGNIFICANCE**

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise". Supporting skill-building activities for youth with special health care needs provides them with opportunities to learn to act as decision-makers in their own health care.

SP # 3

**PERFORMANCE MEASURE:**

The percent of CSHCN who receive coordinated, comprehensive care in a medical home.

**STATUS:**

Active

**GOAL**

Expand efforts to link all children, youth and adolescents with special health care needs to a medical home.

**DEFINITION**

The American Academy of Pediatrics (AAP) states the medical care of children, youth and adolescents should be accessible, comprehensive and coordinated. Further, medical care should be continuous, family-centered, compassionate and culturally effective.

**Numerator:**

Number of CSHCN 0-18 years with a regular source of medical care.

**Denominator:**

Total number of CSHCN 0-18 years.

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.22 Medical homes for children with special health care needs.

**DATA SOURCES AND DATA ISSUES**

VIDOH Health-Pro data system. MCH & CSHCN Clinics. Community Health Clinics.

**SIGNIFICANCE**

The need for an ongoing source of health care for all children has been identified as a priority for child health policy reform at the national and local level.



SP # 4

**PERFORMANCE MEASURE:**

The percent of teen mothers who received parenting skills training.

**STATUS:**

Active

**GOAL**

To increase the percent of teen mothers obtaining parenting skills training.

**DEFINITION**

Parenting skills training classes enhance the knowledge of parents in early childhood development.

**Numerator:**

Number of teen mothers who received parenting skills training.

**Denominator:**

Total number of teen births.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

No specific objective.

**DATA SOURCES AND DATA ISSUES**

Department of Human Services, MCH & CSHCN Program, 330 Health Centers, Community Based Organizations

**SIGNIFICANCE**

Successful parenting skills training may reduce child abuse and neglect.

SP # 5

**PERFORMANCE MEASURE:**

Percent of infants identified with hearing loss who are receiving appropriate intervention services by age 6 months.

**STATUS:**

Active

**GOAL**

To reduce morbidity associated with significant hearing loss through early detection, identification and intervention. To facilitate developmentally appropriate language skills. To provide newborn hearing screening services to all infants in the territory and to implement a system that ensures early diagnosis of hearing loss.

**DEFINITION**

Significant permanent hearing loss or impairment is one of the most common birth abnormalities. When undetected this leads to speech, language, cognitive and developmental delays. Early intervention and access to habilitation results in improved outcomes.

**Numerator:**

The number of infants identified with hearing loss and enrolled in early intervention services by 6 months of age.

**Denominator:**

The number of infants referred for audiological diagnostic evaluation.

**Units:** Yes **Text:** Text

**HEALTHY PEOPLE 2010 OBJECTIVE**

28.11 Newborn hearing screening, evaluation and intervention.

The standard estimate of congenital hearing loss is 1 in 1,000 live births. Early appropriate intervention for hearing loss is a critical factor in providing habilitation during the first three years of life when the development of language is most intense.

**DATA SOURCES AND DATA ISSUES**

Integrated newborn metabolic / genetic / hearing screening database. Records of newborn hearing screening and referrals. Audiological assessments and diagnostic evaluation reports.

**SIGNIFICANCE**

The advantages of early detection of confirmed permanent hearing loss or impairments are indisputable. Children who are enrolled in early intervention services develop significantly better in language ability and social development. A family-centered approach provides support to families in developing the communication skills of their infant with hearing loss.

SP # 6

**PERFORMANCE MEASURE:**

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

**STATUS:**

Active

**GOAL**

Reduce barriers and increase access to early and adequate prenatal care that ensures healthy birth outcomes.

**DEFINITION**

Prenatal care is the provision of comprehensive reproductive health services to a pregnant woman. Early and adequate prenatal care can lead to a significant reduction in perinatal mortality and morbidity.

**Numerator:**

The number of births to women who enrolled in prenatal care in the first trimester.

**Denominator:**

The total number of births.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.6 The proportion of pregnant women who receive early and adequate prenatal care.

16.6a Care beginning in the first trimester of pregnancy.

16.6b Early and adequate prenatal care.

**DATA SOURCES AND DATA ISSUES**

Bureau of Health Statistics livebirth records. MCH & Community Health Prenatal Clinics.

**SIGNIFICANCE**

Access to early and adequate prenatal care results in improved birth outcomes if women begin receiving care early in pregnancy and continue to receive care throughout the pregnancy. Prenatal care provides an opportunity to identify risks and minimize or eliminate their impact on pregnancy outcomes through medical management so it does not negatively impact on the the birth and the process of birth. Prenatal visits also offer an opportunity for education and counseling on proper nutrition and risk factors, such as smoking and alcohol use during pregnancy.

SP # 7

**PERFORMANCE MEASURE:**

The rate per 10000 of hospitalizations due to asthma in children 0-14.

**STATUS:**

Active

**GOAL**

To reduce the number of hospitalizations due to asthma in children age 0-14.

**DEFINITION**

Asthma is a leading cause of childhood morbidity.

**Numerator:**

Number of hospitalizations for asthma among children 0-14 years.

**Denominator:**

Number of children in the population 0-14 years.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

11.1 Asthma hospitalizations

**DATA SOURCES AND DATA ISSUES**

Hospital admissions and discharge data.

**SIGNIFICANCE**

Asthma is one of the most common chronic conditions affecting children in the Virgin Islands. It causes a significant proportion of school absenteeism, emergency room visits and hospitalizations. Effective asthma management and prevention can prevent costly hospitalizations, and decrease school absenteeism.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: VI**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>59.8</u>	<u>214.4</u>	<u>151.9</u>	<u>65.5</u>
<b>Numerator</b>	<u>0</u>	<u>49</u>	<u>158</u>	<u>112</u>	<u>52</u>
<b>Denominator</b>	<u>8,553</u>	<u>8,188</u>	<u>7,371</u>	<u>7,371</u>	<u>7,937</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

**Field Level Notes**

**1. Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 2.6 days.

**2. Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Hospital admission data available from Gov. Juan F. Luis Hospital on St. Croix only.

Data received from Roy L. Schneider Hospital on St. Thomas shows 71 ED visits and 40 admissions. Average length of stay was 2.7 days.

**3. Section Number:** Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Denominator obtained from 2004 VI Community Survey for children under 5 years.

Numerator obtained from data submitted by both hospitals in the territory and reflects inpatient stays with an average 2.5 days.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>0.6</u>	<u>0.0</u>	<u>0.0</u>	<u>12.4</u>	<u>13.9</u>
<b>Numerator</b>	<u>10</u>	<u>0</u>	<u>0</u>	<u>218</u>	<u>247</u>
<b>Denominator</b>	<u>1,610</u>	<u>1,670</u>	<u>1,676</u>	<u>1,760</u>	<u>1,772</u>

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Field Level Notes****1. Section Number:** Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

**2. Section Number:** Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1,610</u>	<u>1,670</u>	<u>1,676</u>	<u>1,760</u>	<u>1,772</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

**2. Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for this indicator is not available from the Bureau of Health Insurance and Medical Assistance.

The Medical Assistance Program received a waiver from CMS to use SCHIP funds to supplement acute care for children eligible for MAP.

This is due to the Medicaid cap in the territory which limits available Medicaid or SCHIP funds for eligible families.

**3. Section Number:** Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The Medical Assistance Program received a waiver from CMS to use SCHIP funds to supplement acute care for children eligible for MAP.

This is due to the Medicaid cap in the territory which limits available Medicaid or SCHIP funds for eligible families.



**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	48.0	41.1	40.7	44.9	27.5
Numerator	772	687	686	787	488
Denominator	1,610	1,672	1,686	1,752	1,772

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data obtained from Bureau of Health Statistics is incomplete and reflects the first three quarters of CY 2007.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2003	2004	<b>Annual Indicator Data</b>		
			2005	2006	2007
<b>Annual Indicator</b>	54.9	0.0	54.8	30.0	30.0
<b>Numerator</b>	7,807	0	7,785	1,989	1,698
<b>Denominator</b>	14,210	14,210	14,210	6,630	5,663

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.  
 Estimates based on children seen in both districts with Medical Assistance coverage.

**2. Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

**3. Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Numerator obtained from Medical Assistance for calendar year 2005.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	8.7	NaN	3.9	7.5	24.7
<b>Numerator</b>	144	0	65	126	445
<b>Denominator</b>	1,657	0	1,681	1,674	1,798

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service.

The Medical Assistance Program does not collect age specific claims data.

**2. Section Number:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data obtained from Division of Dental Services, reflects services provided in both districts including school based screening (elementary level) on St. Croix.

Numerator is # of children age 6-9 years who received sealants. Data provided by Dental Services.

The Medical Assistance Program does not collect or report age specific claims data.

**3. Section Number:** Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Data obtained from Division of Dental Services:

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service.

The Medical Assistance Program does not collect age specific claims data.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	NaN	NaN			
<b>Numerator</b>	0	0			
<b>Denominator</b>	0	0			

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

**Field Level Notes****1. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

This HSCI is not applicable to the Territory of the Virgin Islands.

**2. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Territory of the USVI residents are not eligible for SSI.

**3. Section Number:** Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

This measure does not apply to VI. SSI benefits are not received.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: VI**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Other	<u>3.3</u>	<u>9.2</u>	<u>12.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Other	<u>3.1</u>	<u>4.4</u>	<u>7.5</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Other	<u>20</u>	<u>41.2</u>	<u>61.2</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Other	<u>9.4</u>	<u>31.5</u>	<u>40.9</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: VI**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>14</u> ) (Age range <u>15</u> to <u>21</u> )	2007	<u>200</u> <u>200</u> <u>200</u>
c) <i>Pregnant Women</i>	2007	<u>200</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: VI**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2007	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>5</u> to <u>14</u> ) (Age range <u>15</u> to <u>21</u> )	2007	<u>200</u> <u>200</u> <u>200</u>
c) <i>Pregnant Women</i>	2007	<u>200</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
All data reported for this indicator is based on preliminary reports from the Bureau of Health Statistics for CY 2007.  
Estimates are based on prenatal clients served by the MCH and DOH Community Health clinics only.  
The Medical Assistance Program does not collect data in required format for this report. Insurance payment or coverage data is not reported by the Bureau of Health Statistics.
2. **Section Number:** Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Estimates based on preliminary data received from the Bureau of Health Statistics for the first three quarters of CY 2007.
3. **Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data estimates from prenatal patients served at DOH Community Health Services and MCH Program. This also includes patients with no source of payment.  
Data is not collected or reported by MAP Program and is not available from paid claims data files.
4. **Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2009  
**Field Note:**  
Data estimates from prenatal patients served at DOH Community Health Services and MCH Program. These include approximately 59% of patients with no insurance coverage.  
Data is not collected or reported by MAP Program and is not available from paid claims data files.  
Bureau of Health Statistics does not collect insurance status from the live certificate of birth.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: VI**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	2	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.



**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: VI**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: VI**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	10.7	11.4	10.7	10.2	8.5
Numerator	161	191	181	180	150
Denominator	1,505	1,672	1,686	1,763	1,772

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	<u>10.2</u>	<u>10.5</u>	<u>9.4</u>	<u>9.4</u>	<u>7.5</u>
Numerator	<u>151</u>	<u>171</u>	<u>155</u>	<u>163</u>	<u>133</u>
Denominator	<u>1,481</u>	<u>1,623</u>	<u>1,642</u>	<u>1,740</u>	<u>1,772</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	<u>2.3</u>	<u>1.9</u>	<u>2.0</u>	<u>1.6</u>	<u>0.8</u>
Numerator	<u>35</u>	<u>32</u>	<u>33</u>	<u>29</u>	<u>15</u>
Denominator	<u>1,505</u>	<u>1,672</u>	<u>1,686</u>	<u>1,763</u>	<u>1,772</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Field Level Notes**

None

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>			
	2003	2004	2005	2006	2007
Annual Indicator	<u>2.3</u>	<u>1.8</u>	<u>1.6</u>	<u>1.6</u>	<u>0.8</u>
Numerator	<u>34</u>	<u>29</u>	<u>27</u>	<u>28</u>	<u>15</u>
Denominator	<u>1,481</u>	<u>1,623</u>	<u>1,642</u>	<u>1,740</u>	<u>1,772</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

**Field Level Notes**

None

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>				
<p>Is the Data Provisional or Final?</p>				
			Yes	Yes
			Final	Provisional

- Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center; Numerator obtained from DOH Bureau of Health Statistics.
- Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
Data reported by VI Office of Highway Safety - Traffic Safety Facts. 2006
- Section Number:** Health Status Indicator #03A  
**Field Name:** HSI03A  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Denominator for HSI 3A - 4C obtained from 2004 USVI Community Survey.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	3.6	0.0	7.7	0.0	11.6
Numerator	1	0	2	0	3
Denominator	27,564	27,564	25,996	24,669	25,805

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

	Yes	Yes
Final		Provisional

**Field Level Notes****1. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator obtained from 2005 Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from VI-Office for Highway Safety, Traffic Safety Facts, 2007.

**2. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reported by VI Office of Highway Safety - Traffic Safety Facts

**3. Section Number:** Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Denominator obtained from 2004 USVI Community Survey.



**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2003	2004	<b>Annual Indicator Data</b>		2007
			2005	2006	
Annual Indicator	7.1	0.0	7.0	0.0	13.7
Numerator	1	0	1	0	2
Denominator	14,086	14,086	14,296	14,296	14,617

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Final

Provisional

**Field Level Notes****1. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data obtained from VI-Office for Highway Safety, Traffic Safety Facts 2007.

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

**2. Section Number:** Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data provided by VI Office of Highway Safety- Traffic Safety Facts reports no deaths in this category.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		0.0	0.0	338.5	472.8
Numerator		0	0	88	122
Denominator		27,564	25,996	25,996	25,805

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Final

Provisional

**Field Level Notes****1. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator obtained from VI-EMS and Office for Highway Safety, 2007 Pediatric Ambulance Calls / Traffic Safety Facts.

**2. Section Number:** Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Denominator obtained from 2004 USVI Community Survey.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>                    </u>	<u>          36.3          </u>	<u>          19.2          </u>	<u>         338.5          </u>	<u>         441.8          </u>
<b>Numerator</b>	<u>                    </u>	<u>          10          </u>	<u>          5          </u>	<u>          88          </u>	<u>         114          </u>
<b>Denominator</b>	<u>                    </u>	<u>         27,564         </u>	<u>         25,996         </u>	<u>         25,996         </u>	<u>         25,805         </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

                     Yes                       
 Final Provisional

**Field Level Notes****1. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator obtained from VI-EMS and Office for Highway Safety, 2007 Pediatric Ambulance Calls / Traffic Safety Facts.

**2. Section Number:** Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data obtained from VI Office of Highway Safety - Traffic Safety Facts

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		0.0	0.0	1,070.2	1,135.7
Numerator		0	0	153	166
Denominator		14,086	14,296	14,296	14,617

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Numerator obtained from Office for Highway Safety, 2007 Traffic Safety Facts.

**2. Section Number:** Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data provided by VI Office of Highway Safety- Traffic Safety Facts

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	34.2	34.2	24.1	26.6	28.4
Numerator	125	125	115	127	148
Denominator	3,657	3,657	4,779	4,779	5,210

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2006.

2. **Section Number:** Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

In 2005, the Family Planning Annual Report stated 1200 Syphilis and 1067 Gonorrhea tests were done with female users. And, 72 females took HIV confidential tests. Also, according to the 2005 FPAR, Cervical cancer screening (2848) represents at least 78% of the female users (3641) who visited the clinic in 2005, while clinical breast exams (2672) data reflected 73% of total female users. Of the exams completed, 60 or 2.0% were referred for further evaluation. Patients ages 25-29 (408) and 20-24 (350) were the highest users tested for Chlamydia, and the lowest (18) under age 15. The USVI 2005 Infertility Prevention Program Site Report confirmed the need for increased screening.

The 2003-2005 data released Chlamydia & Gonorrhea tests (2605) completed at 4 territorial clinics: Family Planning (1668); STD (442); Prenatal (149); and other Health Care facility (346). A comparison of our 3-year totals shows 2004 (2143) as the highest test period, followed by 2003 (1668), and 2005 (1104). At Charles Harwood Complex (St. Croix) and East End (St. Thomas) Chlamydia positivity rates (14.1% to 25.0%) were highest in the 10-19 age groups. The lowest positivity test rates (4.3% to 10.4%) were in the 25 to 30+ age groups.

Family Planning continued their collaboration with the STD Program in the implementation of the Infertility Prevention Project (IPP). The VI high rate (12%) is currently 50% above other Region II locations, i.e., PR, NJ and NY.

\*Denominator obtained from 2004 USVI Community Survey.

Numerator reflects data obtained from Family Planning Program.

Data released by the STD Program for 2005 shows that 2,868 test were performed with a positivity rate of 20.7% in the 15-19 years age group.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Annual Indicator</b>	<u>3.6</u>	<u>3.5</u>	<u>4.3</u>	<u>9.7</u>	<u>8.9</u>
<b>Numerator</b>	<u>83</u>	<u>81</u>	<u>83</u>	<u>188</u>	<u>152</u>
<b>Denominator</b>	<u>23,000</u>	<u>23,000</u>	<u>19,370</u>	<u>19,370</u>	<u>17,117</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

Numerator reflects territorial data reported by the DOH STD/TB/HIV/AIDS Program for CY 2007.

**2. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data obtained from DOH STD/HIV/AIDS/TB Prevention annual report for FY 2006.

**3. Section Number:** Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

The USVI 2005 Infertility Prevention Program (IPP) Site Report confirmed the need for increased screening. The 2003-2005 IPP data released Chlamydia & Gonorrhea tests (2605) completed at 4 territorial clinics: Family Planning (1668); STD (442); Prenatal (149); and other Health Care facility (346). A comparison of our 3-year totals shows 2004 (2143) as the highest test period, followed by 2003 (1668), and 2005 (1104). At Charles Harwood Complex (St. Croix) and East End (St. Thomas) Chlamydia positivity rates (14.1% to 25.0%) were highest in the 10-19 age groups. The lowest positivity test rates (4.3% to 10.4%) were in the 25 to 30+ age groups.

Denominator obtained from 2004 UFSI Community Survey.

Numerator reflects data from Family Planning Program.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VI**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,687	99	1,281	0	0	0	0	307
Children 1 through 4	6,250	493	4,854	0	0	0	0	903
Children 5 through 9	7,866	424	6,535	0	0	0	0	907
Children 10 through 14	10,002	403	8,741	0	0	0	0	858
Children 15 through 19	8,751	227	7,854	0	0	0	0	670
Children 20 through 24	5,866	230	4,967	0	0	0	0	669
Children 0 through 24	40,422	1,876	34,232	0	0	0	0	4,314

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	1,380	307	0
Children 1 through 4	3,669	2,581	0
Children 5 through 9	5,436	2,430	0
Children 10 through 14	7,150	2,852	0
Children 15 through 19	6,453	2,298	0
Children 20 through 24	4,171	1,695	0
Children 0 through 24	28,259	12,163	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VI**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? Yes    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	4	1	3	0	0	0	0	0
Women 15 through 17	41	9	32	0	0	0	0	0
Women 18 through 19	92	17	72	0	2	0	0	1
Women 20 through 34	1,138	151	937	0	44	0	0	6
Women 35 or older	497	131	358	0	8	0	0	0
Women of all ages	1,772	309	1,402	0	54	0	0	7

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	0	0	1
Women 15 through 17	32	8	1
Women 18 through 19	68	21	3
Women 20 through 34	947	165	26
Women 35 or older	427	69	4
Women of all ages	1,474	263	35



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VI**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	9	0	9	0	0	0	0	0
Children 1 through 4	2	0	2	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	2	0	2	0	0	0	0	0
Children 15 through 19	8	0	8	0	0	0	0	0
Children 20 through 24	14	3	11	0	0	0	0	0
Children 0 through 24	35	3	32	0	0	0	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	9	0	0
Children 1 through 4	2	0	0
Children 5 through 9	0	0	0
Children 10 through 14	2	0	0
Children 15 through 19	8	0	0
Children 20 through 24	13	1	0
Children 0 through 24	34	1	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**STATE: VI**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	34,556	1,646.0	29,266.0	0.0	0.0	0.0	0.0	3,644.0	2005
Percent in household headed by single parent	26.2	0.9	21.7	0.0	0.0	0.0	0.0	3.5	2005
Percent in TANF (Grant) families	4.0	27.0	72.0	0.6	0.3	0.3	0.0	0.0	2007
Number enrolled in Medicaid	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number living in foster home care	125	32.0	93.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in food stamp program	17,596	2,949.0	13,683.0	36.0	12.0	4.0	0.0	912.0	2007
Number enrolled in WIC	4,261	249.0	3,875.0	28.0	30.0	8.0	71.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	303.0	0.0	303.0	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	12.0	0.0	11.0	0.0	0.0	0.0	0.0	1.0	2006

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	24,088.0	10,468.0	0.0	2005
Percent in household headed by single parent	0.0	0.0	26.2	2006
Percent in TANF (Grant) families	62.0	38.0	0.0	2007
Number enrolled in Medicaid	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0.0	0.0	0.0	2007
Number living in foster home care	96.0	29.0	0.0	2007
Number enrolled in food stamp program	13,357.0	4,203.0	50.0	2007
Number enrolled in WIC	3,383.0	878.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	303.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	11.0	1.0	0.0	2006

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VI**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2005    Is this data from a State Projection? No    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	17,000
Living in rural areas	17,556
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>34,556</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VI**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2005    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	11,459.0
Percent Below: 50% of poverty	27.4
100% of poverty	35.0
200% of poverty	51.0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: VI**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2005    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	11,649.0
Percent Below: 50% of poverty	51.4
100% of poverty	32.3
200% of poverty	38.0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1.

Section Number:

Indicator 09A

Field Name:

HSIRace\_Children

Row Name:

All children 0 through 19

Column Name:

Year:

2009

Field Note:

Data obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.
2.

Section Number:

Indicator 11

Field Name:

S11\_total

Row Name:

Total Population

Column Name:

Year:

2009

Field Note:

Data obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center: Poverty Status of Persons.